



This section introduces the services and procedures available in the Family PACT comprehensive clinical and preventive services and education and counseling benefits package.

Three-Part Benefits Package

Family PACT is a comprehensive family planning clinical program. It is comprehensive because it includes family planning methods and related reproductive health together with client-centered health education and counseling. The Family PACT scope of the services offers access to a three-part package of benefits:

- Initiation and management of all temporary and permanent methods of contraception
- Clinical and preventive services to maintain reproductive health
- Individual reproductive health education and counseling

Procedure Codes/ Services

The Medicaid (Medi-Cal) Physician's Current Procedural Terminology (CPT) code system is used for clinician and Laboratory provider reimbursement. Additional HCPCS III local codes are used for services unique to Family PACT. These services include office visit codes for Education and Counseling (E & C).

The Family PACT benefits package is a system of predetermined family planning methods and related reproductive health services. For primary, secondary and concurrent services, benefits are limited to selected codes for core services and selected codes for complications services.

The Family PACT defined benefits package consists of the following four categories of procedure codes:

- Office visit procedure codes, including unique codes for education and counseling (See the *Family PACT: Office Visits – Evaluation & Management and Education & Counseling [familypact17]* section in this manual.)
- Core codes including medications and contraceptive supplies available as core benefits (See the *Family PACT: Billing Code List – Primary Core Codes, Family Planning Method; Family PACT: Billing Code List – Secondary Core Codes, Sexually Transmitted Infection (STI); and Family Planning: Billing Code List – Concurrent Core Codes, Urinary Tract Infection (UTI) and Dysplasia [familypact19 – 21]* sections in this manual.)
- Complication codes available as complication benefits (See the *Family PACT: Billing Code List – Primary Complication Codes, Family Planning Method; Family PACT: Billing Code List – Secondary Complication Codes, Sexually Transmitted Infection (STI); and Family PACT: Billing Code List – Concurrent Complication Codes, Urinary Tract Infection (UTI) and Dysplasia [familypact23 – 25]* sections in this manual.)
- Family PACT Drug and Supply List (See the *Family PACT: Drug and Supply List [familypact22]* section in this manual.)

Medical Justification

Medical record documentation must reflect the clinical rationale for providing, ordering or deferring services rendered to clients according to the *Family PACT Standards* including, but not limited to, client assessment, diagnosis, treatment and follow-up. Medical record documentation must include justification to support claims for reimbursement.

Billing Tips

Include Medi-Cal modifiers on the claim form when billing Family PACT-covered CPT-4 codes for surgery, laboratory, anesthesia, drugs and supplies. See the *Modifiers: Approved List* section in the appropriate Part 2 Medi-Cal provider manual for more information.

Family PACT benefits are selected procedures for core family planning services and complications services. Reimbursement is limited to procedures defined by Family PACT and linked to Family PACT primary, secondary and concurrent diagnoses.

Note: The *Treatment Authorization Request* (TAR) process is required for all medical, laboratory and pharmacy complication services.

Informational E & C Chart

For a chart to help bill HCPCS E & C visits, providers may see “HCPCS E & C Codes” in the *Family PACT: Office Visits – Evaluation & Management and Education & Counseling [familypact17]* section of this manual. The chart shows how E & C services may be integrated into Evaluation and Management (E & M) office visits and clinical and preventive services.

**Clinical Services
Benefits Grid**

Another helpful provider tool is the *Clinical Services – Benefits Grid*. The grid includes the benefits package codes for diagnosis, procedures, and contraceptive supplies. The grid is designed to be used as a quick reference tool by clinicians and staff and is not comprehensive. Office visit codes – Evaluation and Management (E & M) and E & C codes – are not included in the grid. Providers may refer to the appropriate sections in this manual [*familypact15 – 25*] for comprehensive lists of diagnosis codes, procedure codes, medications and supplies, and complications services codes.